CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 03/21/2021 08:08 PM
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Decker	Eileen	M

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Police

Division, Board, Department, District, if applicable

Your Position
Police Commissioner

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☒ City of Los Angeles
- ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, **2020,** through December 31, **2020**.

-or-

The period covered is _____/_____/_____, through December 31, **2020**.

☐ **Assuming Office:** Date assumed _____/_____/_____

☐ **Leaving Office:** Date Left _____/_____/_____
(Check one circle.)

○ The period covered is January 1, **2020**, through the date of leaving office.

-or-

○ The period covered is _____/_____/_____, through the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 12

Schedules attached

- ☒ **Schedule A-1 -** *Investments* – schedule attached
- ☐ **Schedule A-2 -** *Investments* – schedule attached
- ☐ **Schedule B -** *Real Property* – schedule attached
- ☒ **Schedule C -** *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D -** *Income – Gifts* – schedule attached
- ☒ **Schedule E -** *Income – Gifts – Travel Payments* – schedule attached

-or- ☐ ***None*** **-** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS *(Business or Agency Address Recommended - Public Document)* STREET	CITY	STATE	ZIP CODE
100 West 1st Street, Room 1061, Stop 400	Los Angeles	CA	90012

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(213) 486-8730	

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/21/2021 08:08 PM
(month, day, year)

Signature Electronic Submission
(File the originally signed paper statement with your filing official.)

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Eileen Decker

► NAME OF BUSINESS ENTITY: Charles Schwab Money Market

GENERAL DESCRIPTION OF THIS BUSINESS: Money Market (retirement)

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☒ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☐ Stock
- ☒ Other: Money Market (retirement account) (Describe)
- ☐ Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
- ACQUIRED: ___/___/ 20
- DISPOSED: ___/___/ 20

► NAME OF BUSINESS ENTITY: Gilead Sciences

GENERAL DESCRIPTION OF THIS BUSINESS: Health Care (retirement account)

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☒ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☐ Stock
- ☒ Other: Retirement account (Describe)
- ☐ Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
- ACQUIRED: 04 / 13 / 20
- DISPOSED: 10 / 16 / 20

► NAME OF BUSINESS ENTITY: Coca-Cola

GENERAL DESCRIPTION OF THIS BUSINESS: Food Industry

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☒ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☐ Stock
- ☒ Other: retirement account (Describe)
- ☐ Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
- ACQUIRED: ___/___/ 20
- DISPOSED: 07 / 27 / 20

► NAME OF BUSINESS ENTITY: iShares Silver Trust

GENERAL DESCRIPTION OF THIS BUSINESS: commodities (retirement account)

FAIR MARKET VALUE
- ☒ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☐ Stock
- ☒ Other: ETF (Describe)
- ☐ Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
- ACQUIRED: 04 / 23 / 20
- DISPOSED: 07 / 27 / 20

► NAME OF BUSINESS ENTITY: Costco

GENERAL DESCRIPTION OF THIS BUSINESS: Retail

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☒ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☐ Stock
- ☒ Other: Retirement account (Describe)
- ☐ Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
- ACQUIRED: ___/___/ 20
- DISPOSED: 07 / 08 / 20

► NAME OF BUSINESS ENTITY: Kellogg

GENERAL DESCRIPTION OF THIS BUSINESS: Cereal (retirement account)Pfizer

FAIR MARKET VALUE
- ☒ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

NATURE OF INVESTMENT
- ☐ Stock
- ☒ Other: Retirement account (Describe)
- ☐ Partnership
  - ◯ Income Received of $0 - $499
  - ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
- ACQUIRED: 05 / 07 / 20
- DISPOSED: 10 / 16 / 20

Comments: _____

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Eileen Decker

► NAME OF BUSINESS ENTITY: Littler Mendelson

GENERAL DESCRIPTION OF THIS BUSINESS: Law Firm

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 20 (ACQUIRED) ___/___/ 20 (DISPOSED)

► NAME OF BUSINESS ENTITY: Proctor & Gamble

GENERAL DESCRIPTION OF THIS BUSINESS: Consumer goods (retirement account)

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other retirement account (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
04 / 28 / 20 (ACQUIRED) 07 / 14 / 20 (DISPOSED)

► NAME OF BUSINESS ENTITY: Pfizer

GENERAL DESCRIPTION OF THIS BUSINESS: Pharmaceutical (retirement account)

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other retirement account (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
04 / 28 / 20 (ACQUIRED) 07 / 23 / 20 (DISPOSED)

► NAME OF BUSINESS ENTITY: Proshares Short Real Estates

GENERAL DESCRIPTION OF THIS BUSINESS: Real Estate (retirement fund)

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other ETF (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
05 / 14 / 20 (ACQUIRED) 10 / 09 / 20 (DISPOSED)

► NAME OF BUSINESS ENTITY: Pro Shares Ultrashort Real Estate

GENERAL DESCRIPTION OF THIS BUSINESS: Real Estate (retirement account)

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other ETF (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
05 / 14 / 20 (ACQUIRED) 09 / 03 / 20 (DISPOSED)

► NAME OF BUSINESS ENTITY: Roche Holdings

GENERAL DESCRIPTION OF THIS BUSINESS: Pharmaceutical

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other ADR (retirement account) (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
03 / 13 / 20 (ACQUIRED) 09 / 15 / 20 (DISPOSED)

Comments: _____

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Eileen Decker

► NAME OF BUSINESS ENTITY
Starbucks

GENERAL DESCRIPTION OF THIS BUSINESS
food co. (retirement account)

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other retirement account (Describe)
- [ ] Partnership
- ◯ Income Received of $0 - $499
- ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
04 / 23 / 20 ACQUIRED
11 / 17 / 20 DISPOSED

► NAME OF BUSINESS ENTITY
Verizon

GENERAL DESCRIPTION OF THIS BUSINESS
telecommunications (retirement account)

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other retirement account (Describe)
- [ ] Partnership
- ◯ Income Received of $0 - $499
- ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
04 / 23 / 20 ACQUIRED
___ / ___ / 20 DISPOSED

► NAME OF BUSINESS ENTITY
US Government Thift Savings Account

GENERAL DESCRIPTION OF THIS BUSINESS
Retirement Fund (mutual fund)

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other retirement mutual fund (Describe)
- [ ] Partnership
- ◯ Income Received of $0 - $499
- ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___ / ___ / 20 ACQUIRED
___ / ___ / 20 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other (Describe)
- [ ] Partnership
- ◯ Income Received of $0 - $499
- ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___ / ___ / 20 ACQUIRED
___ / ___ / 20 DISPOSED

► NAME OF BUSINESS ENTITY
Van Eck Vector

GENERAL DESCRIPTION OF THIS BUSINESS
Exchange Traded Fund

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Mutual Fund/retirement (Describe)
- [ ] Partnership
- ◯ Income Received of $0 - $499
- ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
03 / 03 / 20 ACQUIRED
06 / 22 / 20 DISPOSED

► NAME OF BUSINESS ENTITY
IBM

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Retirement (Describe)
- [ ] Partnership
- ◯ Income Received of $0 - $499
- ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___ / ___ / 20 ACQUIRED
02 / 11 / 20 DISPOSED

Comments:

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Eileen Decker

► NAME OF BUSINESS ENTITY
McDonald's Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
Food Industry

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☒ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other Retirement Account (Describe)
☐ Partnership ◯ Income Received of $0 - $499
◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 20 ACQUIRED 02 / 25 / 20 DISPOSED

► NAME OF BUSINESS ENTITY
Walt Disney Co

GENERAL DESCRIPTION OF THIS BUSINESS
Entertainment

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☒ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other Retirement Account (Describe)
☐ Partnership ◯ Income Received of $0 - $499
◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 20 ACQUIRED 02 / 04 / 20 DISPOSED

► NAME OF BUSINESS ENTITY
Delta Airlines

GENERAL DESCRIPTION OF THIS BUSINESS
Transportation

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☒ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other Retirement Account (Describe)
☐ Partnership ◯ Income Received of $0 - $499
◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 20 ACQUIRED 02 / 04 / 20 DISPOSED

► NAME OF BUSINESS ENTITY
Shake Shack

GENERAL DESCRIPTION OF THIS BUSINESS
Food Industry

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☒ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other Retirement Account (Describe)
☐ Partnership ◯ Income Received of $0 - $499
◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 20 ACQUIRED 02 / 04 / 20 DISPOSED

► NAME OF BUSINESS ENTITY
Cheesecake Factory

GENERAL DESCRIPTION OF THIS BUSINESS
Food Industry

FAIR MARKET VALUE
☒ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other retirement account (Describe)
☐ Partnership ◯ Income Received of $0 - $499
◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 20 ACQUIRED 02 / 25 / 20 DISPOSED

► NAME OF BUSINESS ENTITY
Cisco

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☒ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other Retirement account (Describe)
☐ Partnership ◯ Income Received of $0 - $499
◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 20 ACQUIRED 01 / 03 / 20 DISPOSED

Comments: _____

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Eileen Decker

► NAME OF BUSINESS ENTITY
American Express

GENERAL DESCRIPTION OF THIS BUSINESS
Credit services

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other retirement account (Describe)
- [ ] Partnership
- ◯ Income Received of $0 - $499
- ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 20 (ACQUIRED) 02 / 25 / 20 (DISPOSED)

► NAME OF BUSINESS ENTITY
Clorox Co.

GENERAL DESCRIPTION OF THIS BUSINESS
Cleaning Supplies

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Retirement (Describe)
- [ ] Partnership
- ◯ Income Received of $0 - $499
- ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
11 / 13 / 20 (ACQUIRED) ___/___/ 20 (DISPOSED)

► NAME OF BUSINESS ENTITY
Air Liquide

GENERAL DESCRIPTION OF THIS BUSINESS
Dry Ice

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Retirement (Describe)
- [ ] Partnership
- ◯ Income Received of $0 - $499
- ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
11 / 11 / 20 (ACQUIRED) ___/___/ 20 (DISPOSED)

► NAME OF BUSINESS ENTITY
Lennar Corp

GENERAL DESCRIPTION OF THIS BUSINESS
Construction

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Retirement (Describe)
- [ ] Partnership
- ◯ Income Received of $0 - $499
- ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
11 / 23 / 20 (ACQUIRED) ___/___/ 20 (DISPOSED)

► NAME OF BUSINESS ENTITY
Home Depot

GENERAL DESCRIPTION OF THIS BUSINESS
Retail

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Retirement (Describe)
- [ ] Partnership
- ◯ Income Received of $0 - $499
- ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
12 / 21 / 20 (ACQUIRED) ___/___/ 20 (DISPOSED)

► NAME OF BUSINESS ENTITY
Amgen

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [ ] Stock
- [x] Other Retirement (Describe)
- [ ] Partnership
- ◯ Income Received of $0 - $499
- ◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
12 / 24 / 20 (ACQUIRED) ___/___/ 20 (DISPOSED)

Comments: _____

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Eileen Decker

► NAME OF BUSINESS ENTITY
McDonald's Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
Food Industry

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☒ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other Retirement account (Describe)
☐ Partnership ◯ Income Received of $0 - $499
◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
11 / 09 / 20 ACQUIRED ___/___/ 20 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other (Describe)
☐ Partnership ◯ Income Received of $0 - $499
◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 20 ACQUIRED ___/___/ 20 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other (Describe)
☐ Partnership ◯ Income Received of $0 - $499
◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 20 ACQUIRED ___/___/ 20 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other (Describe)
☐ Partnership ◯ Income Received of $0 - $499
◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 20 ACQUIRED ___/___/ 20 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other (Describe)
☐ Partnership ◯ Income Received of $0 - $499
◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 20 ACQUIRED ___/___/ 20 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other (Describe)
☐ Partnership ◯ Income Received of $0 - $499
◯ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 20 ACQUIRED ___/___/ 20 DISPOSED

Comments:

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Eileen Decker

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Littler Mendelson

ADDRESS *(Business Address Acceptable)*
20149 Century Park East, LA, CA 90067

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

YOUR BUSINESS POSITION
Shareholder (spouse's employer)

GROSS INCOME RECEIVED
- [ ] No Income - Business Position Only
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [x] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [x] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [ ] Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Naval Postgraduate School, Center for Homeland Security & Defense, Creek Technologies

ADDRESS *(Business Address Acceptable)*
1 University Circle

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Monterey, CA 93943

YOUR BUSINESS POSITION
Subject Matter Expert

GROSS INCOME RECEIVED
- [ ] No Income - Business Position Only
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [x] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [ ] Other _____ *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
_____

ADDRESS *(Business Address Acceptable)*
_____

BUSINESS ACTIVITY, IF ANY, OF LENDER
_____

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

INTEREST RATE
_____% [ ] None

TERM (Months/Years)
_____

SECURITY FOR LOAN
- [ ] None
- [ ] Personal residence
- [ ] Real Property _____ *Street address*

_____ *City*

- [ ] Guarantor _____
- [ ] Other _____ *(Describe)*

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Eileen Decker

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Pacific Intelligence & Cyber/Investigation Law Group

ADDRESS *(Business Address Acceptable)*: 10250 Constellation Blvd, Suite 100

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Los Angeles, CA 90067

YOUR BUSINESS POSITION: Contractor

GROSS INCOME RECEIVED
- [ ] No Income - Business Position Only
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [x] Other Income for work on a contract *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Pepperdine University, School of Law

ADDRESS *(Business Address Acceptable)*: 24255 Pacific Coast Highway

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Malibu, CA 90263

YOUR BUSINESS POSITION: Lecturer in Law

GROSS INCOME RECEIVED
- [ ] No Income - Business Position Only
- [ ] $500 - $1,000
- [x] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [x] Other periodically lecture at university *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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NAME OF LENDER*: _____

ADDRESS *(Business Address Acceptable)*: _____

BUSINESS ACTIVITY, IF ANY, OF LENDER: _____

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

INTEREST RATE: _____% [ ] None

TERM (Months/Years): _____

SECURITY FOR LOAN
- [ ] None
- [ ] Personal residence
- [ ] Real Property _____ *Street address*
  _____ *City*
- [ ] Guarantor _____
- [ ] Other _____ *(Describe)*

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Eileen Decker

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Third Way

ADDRESS *(Business Address Acceptable)*: 1025 Connecticut Ave, NW, Suite 400

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Washington DC 2036

YOUR BUSINESS POSITION: Writer/Speaker

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000
- [x] No Income - Business Position Only

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [x] Other Advisory Board *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: UCLA School of Law

ADDRESS *(Business Address Acceptable)*: 385 Charles E. Young Dr. E, LA, CA 90095

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Educational Institution

YOUR BUSINESS POSITION: Lecturer in Law (professor)

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [x] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000
- [ ] No Income - Business Position Only

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [x] Other Periodically teach at University; Reimbursement for travel (approx. $800) *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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NAME OF LENDER*: _____

ADDRESS *(Business Address Acceptable)*: _____

BUSINESS ACTIVITY, IF ANY, OF LENDER: _____

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

INTEREST RATE: _____% [ ] None

TERM (Months/Years): _____

SECURITY FOR LOAN
- [ ] None
- [ ] Personal residence
- [ ] Real Property _____ *Street address*
  _____ *City*
- [ ] Guarantor _____
- [ ] Other _____ *(Describe)*

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Eileen Decker

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
USC Gould School of Law

ADDRESS *(Business Address Acceptable)*
699 Exposition Blvd, LA CA 90089

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational Institution

YOUR BUSINESS POSITION
Lecturer in Law (professor)

GROSS INCOME RECEIVED
- [ ] No Income - Business Position Only
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [x] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [ ] Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- [ ] No Income - Business Position Only
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Loan repayment
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

- [ ] Other _____ *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

INTEREST RATE
_____% [ ] None

TERM (Months/Years)

SECURITY FOR LOAN
- [ ] None
- [ ] Personal residence
- [ ] Real Property _____ *Street address*

_____ *City*

- [ ] Guarantor _____
- [ ] Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Eileen Decker

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

- **Mark either the gift or income box.**
- **Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.**
- **For gifts of travel, provide the travel destination.**

► NAME OF SOURCE *(Not an Acronym)*
RSA Conference
ADDRESS *(Business Address Acceptable)*
174 Middlesex Turnpike
CITY AND STATE
Bedford, MA 01730
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
cybersecurity
DATE(S): 02 / 25 / 20 - 02 / 25 / 20 *(If gift)* AMT: $ 100
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination
Attended conference in S.F.-I don't know amount of ticket for entry to speak, amount provided is best est.

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $
► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $
► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $
► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination

Comments: